33 EVERETT STREET			
FOND DU LAC 54935 Phone: (920) 923-7980		Ownershi p:	Nonprofit Church/Corporation
Operated from $1/1$ To $12/31$ Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	106	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	106	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	106	Average Daily Census:	105
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37. 7
Supp. Home Care-Personal Care	No					1 - 4 Years	42. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.9	More Than 4 Years	19. 8
Day Services	No	Mental Illness (Org./Psy)	23. 6	65 - 74	3.8	T	
Respite Care	No	Mental Illness (Other)	17. 0	75 - 84	23. 6	ĺ	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 9	85 - 94	46. 2	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 9	95 & 0ver	25. 5	Full-Time Equivalen	t
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 9		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	19. 8	65 & 0ver	99. 1		
Transportati on	No	Cerebrovascul ar	6.6	'		RNs	7. 3
Referral Service	No	Di abetes	8. 5	Sex	<b>%</b>	LPNs	4. 3
Other Services	No	Respi ratory	6. 6			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	15. 1	Male	23.6	Aides, & Orderlies	46. 2
Mentally Ill	No			Femal e	76. 4		
Provi de Day Programming for			100. 0		i		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	2	100.0	271	42	85. 7	102	0	0.0	0	51	92. 7	136	0	0.0	0	0	0.0	0	95	89. 6
Intermediate				7	14. 3	85	0	0.0	0	4	7. 3	133	0	0.0	0	0	0.0	0	11	10. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100. 0		49	100.0		0	0.0		55	100.0		0	0.0		0	0.0		106	100.0

ST. FRANCIS HOME

*****	****	*****	*****	*****	*****	******	*****			
Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01									
Deaths During Reporting Period										
					Needi ng		Total			
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of			
Private Home/No Home Health	<b>22</b> . <b>0</b>	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathi ng	1. 9		75. 5	22. 6	106			
Other Nursing Homes	22. 0	Dressing	1. 9		77. 4	20. 8	106			
Acute Care Hospitals	30. 5	Transferring	29. 2		50. 0	20. 8	106			
Psych. HospMR/DD Facilities	0.0	Toilet Use	23. 6		55. 7	20. 8	106			
Reĥabilitation Hospitals	0.0	Eating	68. 9		18. 9	12. 3	106			
Other Locations	25. 4	******************	******	*****	**********	**********	:*****			
Total Number of Admissions	59	Continence		%	Special Treat	ments	%			
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	1. 9	Receiving R	espiratory Care	3. 8			
Private Home/No Home Health	0.0	Occ/Freq. Incontinent		29. 2	Receiving T	racheostomy Care	0. 0			
Private Home/With Home Health	3.4	Occ/Freq. Incontinent	of Bowel	16. 0	Receiving S	ucti oni ng Č	0. 0			
Other Nursing Homes	1. 7	<u> </u>			Receiving 0	stomy Care	1. 9			
Acute Care Hospitals	0.0	Mobility			Receiving T	'ube  Feedi ng	0. 0			
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	5. 7	Receiving M	Æchanically Altered Diets	20. 8			
Reĥabilitation Hospitals	0.0	i İ			O	J				
Other Locations	8. 5	Skin Care			Other Residen	nt Characteristics				
Deaths	86. 4	With Pressure Sores		4. 7	Have Advance	e Directives	100. 0			
Total Number of Discharges		With Rashes		20. 8	Medi cati ons					
(Including Deaths)	59					sychoactive Drugs	30. 2			
` 3		ı				J				

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	This Facility	Ownership: Nonprofit Peer Group		100	Si ze: - 199 Group	Ski	ensure: lled Group	Al l Faci l	l lities		
	%	%	% Ratio		Ratio	% Ratio		%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	99. 1	92. 7	1. 07	84. 1	1. 18	85. 8	1. 15	84. 6	1. 17		
Current Residents from In-County	96. 2	74. 5	1. 29	79. 3	1. 21	69. 4	1. 39	<b>77. 0</b>	1. 25		
Admissions from In-County, Still Residing	62. 7	27.9	2. 25	25. 5	2. 46	23. 1	2.71	20. 8	3. 01		
Admi ssi ons/Average Daily Census	56. 2	95. 2	0. 59	110. 2	0. 51	105. 6	0. 53	128. 9	0. 44		
Di scharges/Average Daily Census	56. 2	95. 2	0. 59	110.6	0. 51	105. 9	0. 53	130. 0	0. 43		
Discharges To Private Residence/Average Daily Census	1. 9	31. 4	0. 06	41. 2	0. 05	38. 5	0. 05	52. 8	0. 04		
Residents Receiving Skilled Care	89. 6	91.4	0. 98	93. 8	0. 96	89. 9	1. 00	85. 3	1. 05		
Residents Aged 65 and Older	99. 1	97. 3	1. 02	94. 1	1. 05	93. 3	1.06	87. 5	1. 13		
Title 19 (Medicaid) Funded Residents	46. 2	64. 2	0. 72	66. 9	0. 69	69. 9	0. 66	68. 7	0. 67		
Private Pay Funded Residents	51. 9	29. 6	1. 75	23. 1	2. 24	22. 2	2. 34	22. 0	2. 36		
Developmentally Disabled Residents	0. 0	0. 7	0.00	0. 6	0.00	0.8	0. 00	7. 6	0. 00		
Mentally Ill Residents	40. 6	36. 0	1. 13	38. 7	1. 05	38. 5	1.05	33. 8	1. 20		
General Medical Service Residents	15. 1	21. 3	0.71	21.8	0. 69	21. 2	0.71	19. 4	0. 78		
Impaired ADL (Mean)	47. 4	49. 0	0. 97	48. 4	0. 98	46. 4	1. 02	49. 3	0. 96		
Psychological Problems	30. 2	50. 2	0. 60	51. 9	0. 58	52. 6	0. 57	51. 9	0. 58		
Nursing Care Required (Mean)	6. 5	7. 5	0. 87	7. 5	0. 87	7. 4	0. 87	7. 3	0. 88		